



**INTEGRATED STATEWIDE INFORMATION SYSTEMS
CONTRACT FINANCIAL MANAGEMENT SYSTEM (CFMS)
TRAINING REQUEST FORM**

TRAINEE INFORMATION (please print)

All Trainee Information Fields Must be Completed With the Exception of Special Requirements

Name:	Agency #:
SSN or Personnel No.:	Agency Name:
E-mail Address:	Work City:
Phone:	Special Requirements:
FAX:	
BR Messenger Mail or Postal Mailing	
Address for delivery of Self-Study Guides:	
<i>(Only required if Self-Study course selected)</i>	

Click in the box to the right of each requested course number. Anyone not attending an AGPS or CFMS class previously must complete AGPS/CFMS Navigation.

<i>Instructor Led Classes</i>		
AGPS/CFMS Navigation (3 hours)	<i>Self-Study Course Also Available</i>	AGP014 <input type="checkbox"/>
Contract / Amendment Entry (1 day)	<i>Prerequisite: Navigation</i>	CFM003 <input type="checkbox"/>
Contract / Amendment Accounting (1 day)	<i>Prerequisite: Navigation</i>	CFM004 <input type="checkbox"/>
Payments (1 day)	<i>Prerequisite: Navigation</i>	CFM007 <input type="checkbox"/>
<i>Self-Study Guides</i>		
AGPS/CFMS Navigation		AGP016 <input type="checkbox"/>
Electronic Approvals	<i>Prerequisite: Navigation</i>	AGP015 <input type="checkbox"/>
<i>Workshops</i>		
Contract Refresher Workshop (1/2 day) <i>Prerequisite: Navigation and one of the above classes.</i>		CFM012 <input type="checkbox"/>
Contract Areas of Interest?		

ISIS Liaison/Training Coordinator Approval	Date	Phone

For information concerning submission of completed forms: <http://www.la.gov/ois/service/forms/submission.htm>

For a complete description of each course: <http://www.la.gov/ois/service/training/courses/cfmsdirectory.htm>